

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/526653

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
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36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41		1		1		
42		1		1		
43		1		2		
44		1		1		
45		1		1		
46		1		1		
47		1		1		
48		2		2		
49						
50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	48	←	49	←		←
TOTAL CLAIMS	49		50			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						